

MDR Tracking Number: M5-05-0482-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-07-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The physical medicine services (97032, 97124, 99213, 97139-SS, 97113 and 97110) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 4<sup>th</sup> day of January 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 04-08-04 through 06-09-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4<sup>th</sup> day of January 2005.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/dlh

Enclosure: IRO decision

# **Envoy Medical Systems, LP**

**1726 Cricket Hollow**

**Austin, Texas 78758**

**Fax 512/491-5145**

**IRO Certificate #4599**

## **NOTICE OF INDEPENDENT REVIEW DECISION**

December 28, 2004

**Re: IRO Case # M5-05-0482**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Report from Corvel
4. Review 6/24/04
5. Case management report
6. Initial exam report 4/15/04

7. D.C. office notes and exam reports
8. MRI right shoulder report 4/26/04
9. Radiography report right shoulder 4/5/04
10. FCE reports 4/6/04, 5/14/04
11. TWCC work status reports
12. TWCC 69 reports
13. D.D. report 7/15/04

#### History

The patient injured his right shoulder in \_\_\_\_ when he attempted to stop a fan from falling. He sought chiropractic care on 4/5/04. He has been treated with therapeutic exercises and passive therapeutic modalities.

#### Requested Service(s)

Physical medicine services 97032, 97124, 99213, 97139-SS, 97113, 97110 4/8/04 – 6/9/04

#### Decision

I disagree with the carrier's decision to deny the requested services.

#### Rationale

The patient responded very well to the D.C.'s treatment. The patient's response to treatment was well documented and within an allowable time frame. The patient was placed at MMI on 6/9/04 stating that the patient "has no pain and has excellent range of motion. This indicated that the treatment was beneficial. The use of code 99213 was supported by three key components: an expanded, problem-focused history; and expanded problem-focused examination; and medical decision-making of low complexity. These components were documented with each billing. The documentation also supports one on one aquatic therapy as part of treatment. The treatment plan addressed all aspects of the treatment program, and the patient responded very favorably in a short amount of time.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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Daniel Y. Chin, for GP